02-5-3774

## HARNE COUNTY HEALTH DEPARTMENT

No 17664

## IMPROVEMENT PERMIT

.Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department." New Installation Name: (owner) \_ / . Septic Tank Property Location: ☐ Repairs Nitrification Line Subdivision Lot# Tax ID #\_ \_\_\_\_\_ Quadrant # \_\_\_\_\_ Number of Bedrooms Proposed: \_\_\_ \_\_\_\_ Lot Size:\_ Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well: \_\_\_\_ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Long to La. Stavas Septic Tank: 1000 gallons Size of tank: Pump Tank: /000 gallons Subsurface No. of exact length No. of ditches 3 exact length width of ditches 3 ditches 3 depth of Drainage Field \_ft. ditches 18 20 in. French Drain Required: \_\_\_\_\_ Linear feet Date: This permit is subject to revocation if site Signed: \_ plans or intended use change. Environmental Health Specialist \* Maintain all set backs \* hon ditches on contour 50 + Nut to scale

## RNETT COUNTY HEALTH DEPARTN AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #	
authorization shall be valid for a period not to exceed five (5) years from the date of issuance.	
This authorization will be invalid if ownership, site plans,	or intended use change.
Neil + Tora Colville	894-1813 work
Name Colville	Telephone #
Address Rd. Donn, N.C. 28334	
170 4 Property Location SR#	Road Name
Stephenson 2	
Subdivision Lot #	# Bedrooms Proposed Lot size
TYPE OF SYSTEM	
[ New Installation [ ] Repair [   Septic Tank [   Nitrification Lines	
[ ] Conventional Other Pump to Conventional	
Basement [] With Plumbing [] Without Plumbing	
Water Supply: [ ] Well [ Public - Minimum Well Setback: Ft.	
NITRIFICATION FIELD SPECIFICATIONS	
i e	
Number of fields # of lines per field $\mathcal{I}$ Length of lines Ft.	
Width of ditches $\frac{1}{2}$ ft. Depth of ditches $\frac{1}{2}$ inches	
French Drain: Linear feet required Depth of gravel	
No wastewater system shall be covered or place	ced into use by any person until an
inspection by the Harnett County Health Department has determined that the system	
has been installed according to the conditions of the Improvement Permit and that a	
valid Operations Permit has been issued.	
2	
(( MP - 1)	/2002
Signature of Authorized Agent for Harnett County	Date